



HODDING CARTER MEMORIAL YMCA Birthday Party Agreement

YMCA Identification Number						Today's Date: Month/Day/Year					

PROGRAM TYPE

Choose Member Type: Member Non-Member Program: GYMNASTICS

PRIMARY NAME (Parent or guardian for applicants under 18)

First Name	M	Last Name										
Home Address	City				State		Zip					
Home Phone	Cell Phone				Gender	M	F					
E-mail Address												

EMPLOYER		EMERGENCY CONTACT (if parents cannot be reached)			
Company Name	Work Phone	Name	Phone number		

PROGRAM PARTICIPANT

Legal First Name	M	Legal Last Name	Date of Birth:MM/DD/YYYY								
Allergies	Doctor	Age	Grade	School	Gender	M	F				

Party Date: ____/____/____

Party Time: circle one 10:30 / 1:00

of Guests: ____

How did you hear about our program? Radio Television Newspaper Word of Mouth School Internet/Website

LIABILITY WAIVER AND CONDITIONS OF MEMBERSHIP

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA, use of the facilities, equipment and machinery, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do hereby release all those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself or family, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out or connected with my participation in any activities of the YMCA or use of any equipment at the YMCA.

I agree on behalf of myself, my household, and my family with the YMCA policies and procedures and understand that my / our membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff or facilities.

Photo release: I hereby grant permission for the YMCA to use without limitation or obligation, photographs or other media to promote or interpret YMCA programs.

Signature of Applicant or Parent / Guardian if under 18 years

Date

Party Date _____ Party Time _____ Amount Paid _____

